

North Dakota

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MAY 1985

ATTACHMENT 3.1-A
Page 5
OMB NO.: 0938-0193

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Dentures.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

c. Prosthetic devices.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

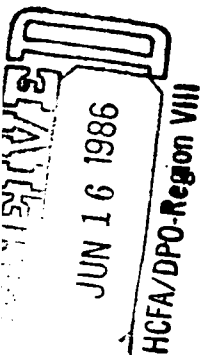
*Description provided on attachment.

TN No. 86-4
Supersedes
TN No. 78-07

Approval Date 6/25/86

Effective Date 4/1/86

HCFA ID: 0069P/0002P



LIMITATIONS ON AMOUNT, DURATION AND SCOPEServices

12a. In compliance with Section 1902(A)54 and Section 1927 of the Social Security Act the Medical Services Division of the Department of Human Services will cover drugs supplied by those manufacturers participating in the drug rebate program with the federal Health Care Financing Agency with the following limitations as defined by the Medical Services Division of the Department of Human Services:

1. Drug Efficacy Study Implementation (DESI) Study drugs as determined by the Food and Drug Administration to be less-than-effective and items that are identical, related, or similar (IRS) will not be allowed for payment.
2. Outpatient drugs for which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee will not be allowed for payment.
3. Drugs when used for experimental or investigational purposes, for cosmetic purposes, to promote hair growth, or to promote fertility will not be allowed for payment.
4. Drugs when used to promote weight loss with the exception of orlistat when used for morbid obesity will not be allowed for payment.
5. Over-the-counter (OTC) drugs with the exception of drug identified by the Medical Services Division and listed in the Pharmacy Provider Manual will not be allowed for payment.
6. Drugs when used to promote smoking cessation with the exception of Nicorette® gum with a lifetime limitation of 1152 pieces per recipient or a combination of bupropion hydrochloride sustained release tablets and nicotine transdermal patches with a lifetime limitation of two 90 day periods per recipient will not be allowed for payment.
7. Drugs dispensed in quantities of more than a 34 day supply will not be allowed for payment.
8. Drugs identified by the Medical Services division as requiring prior approval and listed in the Pharmacy Provider Manual will not be allowed for payment except in accordance with SSA 1927(d).
9. Viagra is a payable drug under the Medicaid Program, but will be limited to no more than six units per recipient for any thirty day interval.

TN No. 00-009

Supersedes

TN No. 99-015Approval Date 07/11/00 Effective Date 07/01/00

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

Service

12d. Replacement Policy - Eyeglasses

Effective September 1, 1997 individuals 21 years of age and older are limited to one pair of eyeglasses no more often than once every two years. Medicaid will not pay for the repair and/or replacement of eyeglasses during that two year period unless the repair or replacement is prior approved as medically necessary by the department's optometric consultant. The same will apply to subsequent eyeglasses in relation to the two-year cycle following receipt of eyeglasses.

Soft contact lenses are not covered under the Medicaid program unless prior approved by the department's optometric consultant.

Hard contact replacement will be covered if the individual wore them when becoming eligible for Medicaid. Initial fitting of hard contacts will also be considered on a prior approval basis when refractive error cannot be corrected with standard eyeglasses.

TN No. 00-005

Supersedes

TN No. 97-005

Approval Date 03/17/00

Effective Date 01/01/00

State: North Dakota

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

c. Preventive services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Rehabilitative services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

b. Skilled nursing facility services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Intermediate care facility services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

TN No. 94-018

Supersedes

TN No. 86-14 86-4

Approval Date 11/08/94

Effective Date 7/1/94

HCFA ID: 0069P/0002P

13c. Preventive services.

The North Dakota Medicaid Program will provide payment if the service is recommended by a physician without prior authorization to a licensed registered dietitian by the state of North Dakota for the following diagnosis or conditions:

1. Diabetes (Insulin/Non-Insulin Dependent and Pregnancy Related)
2. Cardiovascular Conditions including Hyperlipidemia
3. Eating Disorders (Morbid Obesity, Anorexia Nervosa and Bulimia)

All other diagnosis will require prior authorization. The request for prior approval must include a recommendation for the service from a physician and documentation must be present that demonstrates the medical necessity for the service. The medical consultant will review the information and approve or disapprove the service based on a determination that the proposed service will reduce or limit the progression of the particular disease or condition.

All nutritional services will be limited to an initial visit and three follow-up visits. Additional visits may be provided if they are prior authorized by the medical consultant. Additional visits must be recommended by a physician and will be approved if it can be demonstrated that progress is being made in diet control and there is ample evidence that a recipient will continue to need additional visits in order to benefit from the services of a licensed registered dietitian. The number of additional visits may vary based on the individual needs of each recipient.

TN No. 94-018

Supersedes

TN. No. NEWApproval Date 11/08/94Effective Date 7/1/94

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

17. Nurse-midwife services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

*Description provided on attachment.

TN No. 87-8
Supersedes
TN No. 87-5

Approval Date 7/17/87

Effective Date 7/1/87

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Dakota

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

 Provided: With limitations*

X Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

 Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

 Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 94-c20
Supersedes 94-012 Approval Date 09/15/94 Effective Date 09/01/94
TN No. 94-012

STATE: NORTH DAKOTA

Attachment to Page 8 of
Attachment 3.1-A

20.a. and b. Includes all services described in attachment 3.1-A.

TRANSMITTAL NO. 93-004

Date Approved MAY 28 1993

Effective Date OCT 01 1992

Supersedes Transmittal 88-03

State/Territory: North Dakota

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by eligible provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

23. ^{Certified} Pediatric or family nurse practitioners' services.

☒ Provided: ☒ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 93-004

Supersedes

TN No. 88-3

Approval Date

MAY 28 1993

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OCT 01 1992

HCFA ID: 7986E

State/Territory: North Dakota

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

X Provided: No limitations X With limitations*
 Not provided.

b. Services of Christian Science nurses.

 Provided: No limitations With limitations*
X Not provided.

c. Care and services provided in Christian Science sanatoria.

 Provided: No limitations With limitations*
X Not provided.

d. Nursing facility services for patients under 21 years of age.

X Provided: X No limitations With limitations*
 Not provided.

e. Emergency hospital services.

X Provided: X No limitations With limitations*
 Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

 Provided: No limitations With limitations*
X Not provided.

*Description provided on attachment.

TN No. 00-011
Supersedes 93-004 Approval Date 08/11/00 Effective Date 04/01/00